

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 91937577	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/				51
2		/	/				52
3			/				53
4							54
5		2		/			55
6							56
7			/				57
8			/				58
9							59
10			/				60
11							61
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40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.			4				
TOTAL DEP.			8				
TOTAL CLAIMS			12				

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